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APPLICANTS

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** CONTINUING DATA *Yes nm* *****
 This application is a CON of 09/034,561 03/03/1998 PAT 6,289,322

** FOREIGN APPLICATIONS *None nm* *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 04/25/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>nm</i> Examiner's Signature Initials	STATE OR COUNTRY OH	SHEETS DRAWING 22	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 2
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ADDRESS

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TITLE

Electronic bill processing with bill normalization and templating

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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